

**Testimony**  
**Department of Human Services**  
**Health Care Reform Review Committee**  
**Representative George Keiser, Chairman**  
**April 11, 2012**

Chairman Keiser, members of the Health Care Reform Review Committee, I am Dr. Brendan Joyce, Administrator of Pharmacy Services for the Department of Human Services. I appear before you to provide information regarding the trends for opiod use in the North Dakota (ND) Medicaid program.

Payments to pharmacies for opiod prescriptions (pre-rebate expenditures) have grown 23 to 28 percent in the past three years (2008 to 2011).

Opiod expenditures grew from 4.5 percent of the net drug expenditures in ND Medicaid (post rebate) in 2008 to 5.5 percent in 2011.

The total number of claims for opioids increased 16.6 percent between 2008 and 2011.

The top drug classes by expenditures (post-rebate) are listed below. These six drug classes account for 46 percent of the ND Medicaid pharmacy expenditures.

1. Antipsychotics
2. ADHD (this class will take over the #1 position next quarter)
3. Anticonvulsants
4. Antidepressants
5. Opioids
6. Insulins

Opioids are the only category in the top six drug classes where ND Medicaid uses prior authorization. Prior authorization of all brand name opioids has been implemented over the past two years, and it has stabilized is containing Medicaid costs for opioids even as total opioid claims increased 16.6 percent between 2008 and 2011 (see Attachment 1).

I would be happy to answer any questions.

**Opioids**  
**Total Amount Paid by Month**

